

APR 16 2004



## PART B - FEE(S) TRANSMITTAL

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29843 7590 01/20/2004

**JOHN S. PRATT**  
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Jonathan P. Taylor, Ph.D.	(Depositor's name)
<i>J. P. Taylor</i>	(Signature)
4/13/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,825	12/05/2001	David Martin Jackson	15,942.1	2540

TITLE OF INVENTION: ION-SENSITIVE, WATER-DISPERSIBLE FABRICS, A METHOD OF MAKING SAME AND ITEMS USING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/20/2004
EXAMINER	ART. UNIT		CLASS-SUBCLASS		
BUTTNER, DAVID J	1712		442-154000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brinks Hofer Gilson  
 2 & Lione  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kimberly-Clark Worldwide, Inc.

Neenah, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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 Issue Fee Publication Fee Advance Order - # of Copies 1

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).

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*4/13/04*

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04/19/2004 HARRIS#2 00000075 10006025

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:0001	3.00 OP

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